

ATTORNEY DOCKET NO.: EMC03-12(02169)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): John Sexton and Hanna Yehuda
Serial No.: Unassigned
For: SYSTEM AND METHODS FOR PROCESSING AND DISPLAYING
AGGREGATE STATUS EVENTS FOR REMOTE NODES
Filing Date: September 30, 2003
Examiner: Unassigned
Art Unit: Unassigned

03917 U.S. PTO
10/674322



UTILITY PATENT APPLICATION TRANSMITTAL

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to: **MAIL STOP PATENT APPLICATION**, Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450 on:

Date: September 30, 2003

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MAIL STOP PATENT APPLICATION
Commissioner for Patents
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Sir:

Transmitted herewith for filing is a patent application entitled:

**SYSTEM AND METHODS FOR PROCESSING AND DISPLAYING AGGREGATE
STATUS EVENTS FOR REMOTE NODES**

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Named Inventor(s) / Inventor Address(es) / Inventor Citizenship(s):

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Enclosed is/are:

- [x] Transmittal Letter including fee calculations (this form, 3 pages, in duplicate), Total Pages: 6;
- [x] REQUEST AND CERTIFICATION UNDER 35 U.S.C. 122(b)(2)(B)(i); Total Pages: 1;
- [x] Utility Patent Application Specification including: 37 Claims (5 Independent, 32 dependent), Abstract of the Disclosure, Total Pages: 30;
- [x] Drawings: [x] Formal, [] Informal (Figs: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11), Total Sheets: 10;
- [x] Unexecuted Oath/Declaration/Power Of Attorney, Total Pages: 3;
- [x] Return Receipt Pre-paid Postcard (in duplicate), Total Postcards: 2;
- [x] Authorization to Charge Deposit Account No. 50-0901, if Required.

CLAIMS	Number Filed	Number Extra	Rate	Calculations
Total Claims	37-20 =	17	x \$18	\$306.00
Independent Claims	5-3 =	2	x \$84	\$168.00
Multiple Independent Claims			+ 260 =	\$0.00
BASIC FILING FEE =				\$750.00
TOTAL FEE FOR THIS PATENT APPLICATION =				\$1,224.00

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Please direct all telephone calls and address all correspondence to:

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If the enclosed fee is insufficient or if there is an overpayment of the enclosed fees, the balance and/or credit may be charged and/or credited to the account of the undersigned, Deposit Account No. 50-0901.

If the enclosed papers or fees are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned collect at (508) 366-9600, in Westborough, Massachusetts.

Respectfully submitted,

By: _____



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